

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | K : 149800001 | | CITY OR TOWN WOR | UKN |
|----------------------------------|-----------------------|-----------------------------|--|-------------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICENSED F | OR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: | TOWANDA CLU | JB | | |
| DOING BUSINESS | A | | | |
| ADDRESS 19 ABB | OTT | | | |
| CITY/TOWN: WO | BURN | STATE: MA | ZIP CODE: 0180 |)1 |
| | DENICK, TY | YPE OF LICENSE: Club | CATEGO | ORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR EM | AIL ADDRESS | |
| DESCRIPTION OF | LICENSED PREM | ISES: | | |
| THREE STORY BL BASEMENT, CLUB | | | FLOOR. BOWLING ALL | EYS IN |
| I hereby certify and s | swear under penaltie | es of perjury that: | | |
| 1. the renew | ed license will be o | of the same type for the s | same premises now license | ed; |
| 2. the licens | ee has complied wi | th all laws of the Comm | onwealth relating to taxes | ; and |
| 3. the premi | ses are now open fo | or business (If not explain | in below) | |
| | | | | |
| SIGNED BY: | | | | |
| SIGNED D1. | Individual, Partne | er or Authorized Corpor | rate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPHO | NE NUMBER: | EMPLOYER IDENT | TFICATION NUMBER: |
| | TEEE TIO | TIE TIONIBER. | (Note: NOT Individual S | Social Security Number) |
| We the undersigne | d, attest that we ar | re in possession (1) the | certificate required by (| Chapter 304 of the |
| | | | of the fire department for equired by Chapter 116 o | |
| Please Check Below: | | | LOCAL LICENSING A | UTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: | | | | |
| (If disapproved explain | ain) | | | |
| | | | | |
| DATE: | | | | |
| APPLICATION FOR RENEV | WAL MUST BE FILED BY | LICENSEES DURING THE MC | ONTH OF NOVEMBER (M.G.L. Ch. | 138 \$ 16A) |
| LICITION I ON NEIVE | | LICENSELED DOMINO THE MO | OI 110 1 Enidely (111.O.E. CII. | 100 4 1011) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 149800004 | | CITY OR TOWN | WOBURN |
|--|--|----------------------|----------------------|--|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | SED FOR 2013 |
| LICENSEE NAME: DOING BUSINESS ADDRESS 194 CAM | A 99 RESTAURANT | | С | YEAR |
| CITY/TOWN: WOI | | STATE: MA | ZIP CODE: | 01801 |
| MANAGER: BONI JR | ECK, PETER TYPI | E OF LICENSE:Re | estaurant C. | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| | PLEASE ALSO VISIT OUR WEE | | MAIL ADDRESS | |
| ONE STORY BLDG 132 SQ FT FOR KIT | , ENTRANCE AND I | EXIT AT FRONT | | ES EXTENDED TO |
| | ee has complied with a es are now open for b Individual, Partner of | usiness (If not expl | lain below) | o taxes; and |
| DATE: | TELEPHONE | NUMBER: | | R IDENTIFICATION NUMBER: lividual Social Security Number) |
| Acts of 2004, signed | by the building insp | ector and the hea | d of the fire depart | ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010. |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla | in) | | LOCAL LICENS By: | SING AUTHORITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 14 | 19800005 | CITY OR TOWN | WOBURN |
|-------------------------------|---|-------------------------|----------------------------------|
| APPLICATION FOR RI | ENEWAL: Annual | LICEN | SED FOR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: W | OBURN LODGE #1214 LOYAI | ORDER OF MOOSE | |
| DOING BUSINESS A | | | |
| ADDRESS 4 FEDERAL | STREET | | |
| CITY/TOWN: WOBU | RN STATE: 1 | MA ZIP CODE: | 01801 |
| MANAGER: TOLSON MICHAI | | ::Club C. | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEA | ASE ALSO VISIT OUR WEBSITE AND ENTER YO | OUR EMAIL ADDRESS | |
| DESCRIPTION OF LIC | | | |
| PRIVATE CLUB, MEM | IBERS AND QUALIFIED GUES | TS ONLY | |
| | | | |
| I haraby cortify and swar | ar under penalties of perjury that: | | |
| | icense will be of the same type fo | r the same premises now | licensed: |
| | as complied with all laws of the C | = | |
| | are now open for business (If not | _ | , |
| | | | |
| SIGNED BY: | | | |
| Ir | ndividual, Partner or Authorized C | Corporate Officer | |
| | | | |
| | | | |
| DATE: | TELEPHONE NUMBER: | | R IDENTIFICATION NUMBER: |
| | | (Note: NOT Inc | dividual Social Security Number) |
| | ttest that we are in possession (| | |
| | the building inspector and the ificate of liquor liability insura | | |
| , , | meate of inquot masinty insurar | | |
| Please Check Below: APPROVED: | | | SING AUTHORITY |
| DISAPPROVED: | | By: | |
| (If disapproved explain) | | | |
| | | | |
| | | | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 149800008 | | CITY | OR TOWN | WOBURN | |
|----------------------|---|---------------------|---------------|---|---------------|-------------|
| APPLICATION FO | R RENEWAL: | Annual | | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | | YEAR |
| LICENSEE NAME: | SOUTH END ITA | LIAN INDEPEN | DENCE CI | LUB, INC. | | |
| DOING BUSINESS | Α | | | | | |
| ADDRESS 44 FOW | LE ST. | | | | | |
| CITY/TOWN: WC | BURN | STATE: N | IA ZI | P CODE: | 01801 | |
| MANAGER: HAR | RDY, TY | PE OF LICENSE | :Club | C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YO | UR EMAIL ADDI | RESS | | _ |
| DESCRIPTION OF | LICENSED PREMI | SES: | | | | |
| | RST FLOOR, CONFI WDER ROOM AND TE | | | | | |
| I hereby certify and | swear under penalties | of perjury that: | | | | |
| 1. the renew | wed license will be of | the same type for | the same p | remises now | licensed; | |
| 2. the licens | see has complied with | all laws of the C | ommonwea | lth relating t | o taxes; and | |
| 3. the premi | ises are now open for | business (If not e | explain belo | ow) | | |
| | | | | | | |
| SIGNED BY: | Individual, Partner | or Authorized C | orporate Of | ficer | | |
| | , | | • | | | |
| | | | | | | |
| DATE: | TELEPHON | E NUMBER: | | EMPLOYE | R IDENTIFICAT | TON NUMBER: |
| | TEELITOI | E IVOIVIDER. | 1) | (Note: NOT Individual Social Security Number) | | |
| Acts of 2004, signe | ed, attest that we are d by the building in certificate of liquor | spector and the | head of the | fire depart | ment for the | above named |
| Please Check Below: | | | LOC | CAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | | |
| DISAPPROVED: | | | | | | |
| (If disapproved expl | aın) | | - | | | |
| | | | | | | |
| | | | | | | |
| DATE: | | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 149800011 | | CITY | ORTOWN | WOBURN | |
|---|-----------------------|---------------------|-------------|---------------|---------------|-----------------|
| APPLICATION FOR I | RENEWAL: | Annual | | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | | YEAR |
| LICENSEE NAME: | WOBURN MEN'S | LODGE #1406 | SONS OF | ITALY | | |
| DOING BUSINESS A | | | | | | |
| ADDRESS 168 LEXIN | NGTON ST. | | | | | |
| CITY/TOWN: WOBU | JRN | STATE: N | 1A Z | IP CODE: | 01801 | |
| MANAGER: DANIZ | ZIO, JOHN TYI | PE OF LICENSE | :Club | C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| PL | EASE ALSO VISIT OUR W | EBSITE AND ENTER YO | UR EMAIL AD | DRESS | | _ |
| DESCRIPTION OF LI | CENSED PREMIS | SES: | | | | |
| ENTRANCES AND E | XITS ON LEXING | GTON ST. FUNC | CTION HA | ALL | | |
| I hereby certify and sw | ear under penalties | of perjury that: | | | | |
| 1. the renewed | license will be of | the same type for | the same | premises now | licensed; | |
| 2. the licensee | has complied with | all laws of the C | ommonwe | alth relating | to taxes; and | |
| 3. the premises | s are now open for | business (If not e | explain bel | ow) | | |
| | | | | | | |
| SIGNED BY: | | | | | | |
| | Individual, Partner | or Authorized C | orporate O | Officer | | |
| | | | | | | |
| | | | | | | |
| DATE: | TEI EDHON | E NUMBER: | | EMPLOYE | R IDENTIFICAT | ION NUMBER: |
| | TELETHON | E NOMBER. | | | | ecurity Number) |
| | | | | | | |
| We the undersigned, | | | | | | |
| Acts of 2004, signed blicense and (2) the cer | | | | | | |
| | or inquire | | _ | _ | | |
| Please Check Below: APPROVED: | | | | | SING AUTHO | ORITY |
| DISAPPROVED: | 7 | | By: | | | |
| (If disapproved explain | i) | | _ | | | |
| | • | | | | | |
| | | | | | | |
| DATE: | | | | | | |
| | | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 149800012 | | CITY (| OR TOWN | WOBURN | |
|--|---|------------------|----------------|-------------|---------------|-------------|
| APPLICATION FOR | R RENEWAL: | Annua | 1 | LICEN | SED FOR 20 | 13 |
| | | CLAS | S | | | YEAR |
| LICENSEE NAME: DOING BUSINESS ADDRESS 194 LEX | | BELL POST | #101 AMERI | CAN LEGI | ON | |
| CITY/TOWN: WO | | STATE: | MA ZIF | CODE: | 01801 | |
| MANAGER: SUTI | · · · · · · · · · · · · · · · · · · · | E OF LICENS | E:Veterans cl | ub C. | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| | PLEASE ALSO VISIT OUR WEE | SITE AND ENTER Y | OUR EMAIL ADDR | ESS | | 1 |
| | LICENSED PREMISI | | | | | |
| HALL WITH CLUB CEMENT BLOCKS | QUARTERS ATTAC | CHED, BUILD | ING CONST | RUCTED (| OF STEEL AI | ND |
| | ee has complied with a ses are now open for b Individual, Partner of | usiness (If not | explain below | v) | o taxes; and | |
| DATE: | TELEPHONE | NUMBER: | (N | | R IDENTIFICAT | |
| Acts of 2004, signed | d, attest that we are i d by the building insp certificate of liquor li | ector and the | head of the | fire depart | ment for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain | nin) | | LOCA By: | AL LICENS | SING AUTHO | DRITY |
| DATE: | | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 149800013 | | CITY OR I | OWN WODURI | N |
|------------------------|--|-------------------------|--------------|--|----------------------|
| APPLICATION FOR | RENEWAL: | Annual | | LICENSED FOR 2 | 2013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | PORT.AMER.RECI | REATION CLUB O | F WOBURN | N MA. INC. | |
| DOING BUSINESS | A Portugese America | n Recreation Club | | | |
| ADDRESS 81 MAIN | IST. | | | | |
| CITY/TOWN: WOI | BURN | STATE: MA | ZIP CO | DE: 01801 | |
| MANAGER: PEDIDA | RA, MARIANO TYPI | E OF LICENSE: Clu | b | CATEGORY | : All Alcohol |
| EMAIL ADDRESS: | | | | | |
| 1 | PLEASE ALSO VISIT OUR WEI | SSITE AND ENTER YOUR EM | IAIL ADDRESS | | |
| DESCRIPTION OF I | LICENSED PREMISI | ES: | | | |
| HALL AND BASEM | IENT | | | | |
| I hereby certify and s | = | | | | |
| | ed license will be of the | • • | • | | |
| | ee has complied with a | | | lating to taxes; and | |
| 3. the premis | ses are now open for b | ousiness (If not expla | in below) | | |
| SIGNED BY: | Individual, Partner of | or Authorized Corpo | rate Officer | | |
| | | | | | |
| DATE: | | | EM | IDLOVED IDENTIFICA | TION NUMBER |
| DATE. | TELEPHONE | E NUMBER: | | IPLOYER IDENTIFICA NOT Individual Social | |
| | | | | mur, rount 500mi | security (value of) |
| Acts of 2004, signed | l, attest that we are i l by the building insp ertificate of liquor li | ector and the head | of the fire | department for th | e above named |
| Please Check Below: | | | LOCAL L | ICENSING AUTH | HORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expla | ın) | | | | |
| | | | - | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800014 | (| CITY OR TOWN | WOBURN | |
|--|----------------------------------|-----------------------------------|------------------|-------------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | CLASS | | | YEAR |
| LICENSEE NAME: IRISH-AME | ERICAN CLUB INC. OF WO | BURN | | |
| DOING BUSINESS A | | | | |
| ADDRESS 147 MAIN ST. | | | | |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: | 01801 | |
| MANAGER: CULHANE, DAVI W. | D TYPE OF LICENSE: Club | CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISI | T OUR WEBSITE AND ENTER YOUR EMA | IL ADDRESS | | _ |
| DESCRIPTION OF LICENSED P | REMISES: | | | |
| HALL WITH TWO BATHROOM | | | | |
| I hereby certify and swear under pe | | | | |
| | be of the same type for the sa | - | | |
| • | ed with all laws of the Commo | _ | o taxes; and | |
| 3. the premises are now op | pen for business (If not explain | n below) | | |
| | | | | |
| SIGNED BY: | Partner or Authorized Corpora | ota Officar | | |
| marviduai, i | arther of Authorized Corpora | ate Officer | | |
| | | | | |
| DATE: TELE | | ENTRY OVER | | TONIA HI ADED |
| TELE | PHONE NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | ION NUMBER: |
| | | (11016. <u>1101</u> mu | ividuai 50ciai 5 | ceurity (vuinoer) |
| We the undersigned, attest that | | | | |
| Acts of 2004, signed by the build license and (2) the certificate of 1 | | | | |
| | iquoi nuomity mourantee reg | | | |
| Please Check Below: APPROVED: | | LOCAL LICENS | ING AUTHO | ORITY |
| DISAPPROVED: | | By: | | |
| (If disapproved explain) | | | | |
| - | | | | <u></u> |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 149800015 | | CITY OR TOV | WIN WOBURN | |
|--|-----------------------|--|-------------------|------------------|-------------|
| APPLICATION FOR | R RENEWAL: | Annual | LIC | CENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS ADDRESS 1020 MA | A | Y CLUB OF NO. WOB | JRN, INC. | | |
| CITY/TOWN: WO | BURN | STATE: MA | ZIP CODE | E: 01801 | |
| MANAGER: Fiore | llo, Anthony | TYPE OF LICENSE: Cl | ub | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | DV EAGE AV GO VIGVE (| VIA WITH CITY AND ENVIRON MAKE | MAN APPENDE | | |
| DESCRIPTION OF | | OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | |
| | | LDG,ONE HALL UPST. | AIRS. CLUB QU | JARTERS | |
| 2. the license | ee has complied | with all laws of the Comin for business (If not expl | monwealth relati | | |
| SIGNED BY: | Individual, Pa | rtner or Authorized Corp | orate Officer | | |
| DATE: | TELEP | HONE NUMBER: | | DYER IDENTIFICAT | |
| Acts of 2004, signed | l by the buildin | e are in possession (1) the g inspector and the hea your liability insurance i | d of the fire dep | partment for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | in) | | LOCAL LICI | ENSING AUTH | ORITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 149800016 | (| LITY OR TOWN WOBURN | 1 |
|-----------------------------------|----------------------------|-------------------------|--|--------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICENSED FOR 2 | 013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: | CANAL PARK SER | VERS LLC | | |
| DOING BUSINESS | A HOLIDAY INN SE | LECT | | |
| ADDRESS 15 MIDE | DLESEX CANAL PAR | kK | | |
| CITY/TOWN: WO | BURN | STATE: MA | ZIP CODE: 01801 | |
| MANAGER: VEN | TO,FRANK A. TYPE | OF LICENSE:Innho | older CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
|] | PLEASE ALSO VISIT OUR WEBS | SITE AND ENTER YOUR EMA | IL ADDRESS | |
| DESCRIPTION OF I | LICENSED PREMISE | S: | | |
| 195 ROOMS ON FO INDOOR POOL AN | | URANT, COCKTA | IL LOUNGE5 MOVING RO | OOMS, |
| I hereby certify and s | wear under penalties o | f perjury that: | | |
| 1. the renewe | ed license will be of the | e same type for the sa | ame premises now licensed; | |
| 2. the license | ee has complied with a | ll laws of the Commo | onwealth relating to taxes; and | |
| 3. the premis | ses are now open for bu | ısiness (If not explair | n below) | |
| | | | | |
| SIGNED BY: | To I' II al Domano | . A. da 1 C | 0.00 | |
| | Individual, Partner of | r Autnorized Corpora | ate Officer | |
| | | | | |
| DATE: | | | EMPLOYED IDENTIFICA | TION NILIMBED. |
| DATE. | TELEPHONE | NUMBER: | EMPLOYER IDENTIFICA (Note: NOT Individual Social) | |
| | | | (and individual Social) | security realisery |
| | | | certificate required by Chap | |
| | | | of the fire department for the quired by Chapter 116 of the | |
| Please Check Below: | | | LOCAL LICENSING AUTH | ORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: | | | • | |
| (If disapproved expla | in) | | | |
| | | | | |
| DATE: | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBEI | R: 149800017 | | CITY OR TOWN | WOBURN | |
|---|---|---|----------------------------------|---------------|-------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 20 | 13 |
| | | CLASS | | | YEAR |
| | COURTYARD MAN A COURTYARD BY I | | | | |
| CITY/TOWN: WO | | STATE: MA | ZIP CODE: | 01801 | |
| MANAGER: FAH | EY, CHERYL TYPE | OF LICENSE: Innh | | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEBSI | | AIL ADDRESS | | |
| | LICENSED PREMISES ., 50 SEAT RESTAURA | | NG ROOM LOUN | NGE AND 40 | SEAT |
| 2. the licens | ved license will be of the see has complied with all ises are now open for bu | laws of the Commisiness (If not explain | onwealth relating to n below) | | |
| | Individual, Partner or | Authorized Corpor | ate Officer | | |
| DATE: | TELEPHONE I | NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | R IDENTIFICAT | |
| Acts of 2004, signe | d, attest that we are in d by the building inspe certificate of liquor lia | ctor and the head | of the fire departı | nent for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.) | ain) | | LOCAL LICENS By: | ING AUTHO | DRITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800018 | | CITY OR TOWN WOBURN | |
|------------------------------------|-----------------------------------|---|---|
| APPLICATION FOR RENEWAL | .: Annual | LICENSED FOR 2013 | |
| | CLASS | YEAR | |
| LICENSEE NAME: 99 WEST I | NC. | | |
| DOING BUSINESS A 99 RESTA | AURANT | | |
| ADDRESS 291 MISHAWUM RI |). | | |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: 01801 | |
| MANAGER: SUCKNEY, RAN | DYTYPE OF LICENSE: Res | taurant CATEGORY: All Alcohol | |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VIS | SIT OUR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS | |
| DESCRIPTION OF LICENSED I | PREMISES: | | |
| ONE MAIN FLOOR, STORAGE | IN BASEMENT AREA, EN | TRANCES FROM PARKING AREA, | |
| I hereby certify and swear under p | enalties of perjury that: | | |
| 1. the renewed license wi | ll be of the same type for the | same premises now licensed; | |
| 2. the licensee has compli | ied with all laws of the Comm | nonwealth relating to taxes; and | |
| 3. the premises are now o | pen for business (If not expla | in below) | |
| | | | |
| SIGNED BY: | | | |
| | Partner or Authorized Corpo | rate Officer | |
| , | · | | |
| | | |] |
| DATE: | | EMBLOWED IDENTIFICATION NUMBER | J |
| TELI | EPHONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) | |
| | | (Note: Number) | |
| We the undersigned, attest that | we are in possession (1) the | e certificate required by Chapter 304 of the | |
| | | of the fire department for the above named | |
| license and (2) the certificate of | liquor liability insurance re | equired by Chapter 116 of the Acts of 2010. | |
| Please Check Below: | | LOCAL LICENSING AUTHORITY | |
| APPROVED: | | By: | |
| DISAPPROVED: | | | |
| (If disapproved explain) | | | |
| | | | |
| | | | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149 | 800020 | | CITY OR TOWN | WOBURN | |
|--|--|-------------------|-------------------------|--------------|-------------|
| APPLICATION FOR RE | NEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: BB | RG WOBURN TR LI | LC | | | |
| DOING BUSINESS A JC | DE'S AMERICAN BA | AR & GRILL | | | |
| ADDRESS 311 MISHAW | UM RD. | | | | |
| CITY/TOWN: WOBUR | N S' | ΓΑΤΕ: MA | ZIP CODE: | 01801 | |
| MANAGER: SHERIDA WILLIAM | | LICENSE: Res | taurant C. | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PLEAS | E ALSO VISIT OUR WEBSITE | AND ENTER YOUR EM | IAIL ADDRESS | | - |
| DESCRIPTION OF LICE | | | | | |
| ONE STORY STRUCTU OFFICE AND STORAGE | | DINING ROOM | M, COCKTAIL LO | UNGE, KITC | HEN |
| 3. the premises ar | s complied with all late now open for busing | ess (If not expla | in below) | o taxes, and | |
| DATE: | TELEPHONE NU | MBER: | EMPLOYER (Note: NOT Inc | | ION NUMBER: |
| We the undersigned, att Acts of 2004, signed by t license and (2) the certif | the building inspecto | r and the head | of the fire depart | ment for the | above named |
| Please Check Below: | | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: (If disapproved explain) | | | | | |
| | | | | | |
| | | | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 149800021 | | CITY OR TOWN | WOBURN | |
|--|--|----------------------|----------------------|-------------------|-----------------|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | UNO RESTAURANT | OF WOBURN, | INC | | |
| DOING BUSINESS A | UNO CHICAGO G | RILL | | | |
| ADDRESS 300 MISH | IAWUM ROAD | | | | |
| CITY/TOWN: WOB | URN | STATE: MA | ZIP CODE: | 01801 | |
| MANAGER: MURI | PHY,BRIAN P.TYPE | OF LICENSE:Re | staurant C | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| Pl | LEASE ALSO VISIT OUR WEBS | ITE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF L | ICENSED PREMISES | S: | | | |
| THREE DINING ARI STORAGE AND RES FT. | | | | | |
| I hereby certify and sv | vear under penalties of | perjury that: | | | |
| 1. the renewe | d license will be of the | same type for the | same premises now | v licensed; | |
| 2. the licensee | e has complied with all | l laws of the Com | monwealth relating | to taxes; and | |
| 3. the premise | es are now open for bu | siness (If not expl | ain below) | | |
| SIGNED BY: | Individual, Partner or | Authorized Corp | orate Officer | | |
| DATE: | TELEPHONE 1 | NUMBER: | EMPLOYE | R IDENTIFICAT | TION NUMBER: |
| | 1222110112 | | (Note: NOT In | dividual Social S | ecurity Number) |
| Acts of 2004, signed | , attest that we are in by the building inspe ertificate of liquor lia | ctor and the hea | d of the fire depart | tment for the | above named |
| Please Check Below: | | | LOCAL LICEN | SING AUTH | ORITY |
| APPROVED: | _ | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved explai | 11) | | | | |
| | | | | - | |
| DATE: | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800022 | | CITY OR TOWN WOBURN | |
|---|-----------------------------|---|------|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 | |
| | CLASS | YEAR | |
| LICENSEE NAME: GOURMET BA | ANQUETS, INC. | | |
| DOING BUSINESS A THE CREST | VIEW PLAZA | | |
| ADDRESS 36 MONTVALE AVE. | | | |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: 01801 | |
| MANAGER: WARNOCK, SAMUEL ADAM IV | TYPE OF LICENSE: Re | estaurant CATEGORY: All Alco | ohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR F | EMAIL ADDRESS | |
| DESCRIPTION OF LICENSED PRE | MISES: | | |
| TWO STORY CONCRETE MASON LOBBY AND COAT ROOM | RY BUILDING, SECO | ND FLOOR, LARGE FUNCTION HALL, | 1 |
| 3. the premises are now open SIGNED BY: Individual, Par | for business (If not exp.) | | |
| DATE: TELEPH | IONE NUMBER: | EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nur | |
| Acts of 2004, signed by the building | g inspector and the hea | ne certificate required by Chapter 304 of ad of the fire department for the above na required by Chapter 116 of the Acts of 2 | amed |
| Please Check Below: | | LOCAL LICENSING AUTHORITY | |
| APPROVED: | | By: | |
| DISAPPROVED: (If disapproved explain) | | | _ |
| (appro . ea epram) | | | _ |
| | | <u></u> | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800025 | CITY OR TOWN WOBURN |
|--|---|
| APPLICATION FOR RENEWAL: Annual | LICENSED FOR 2013 |
| CLASS | YEAR |
| LICENSEE NAME: WOBURN CITY ATHLETIC CLUB IN | NC. |
| DOING BUSINESS A | |
| ADDRESS 163 MERRIMACK ST | |
| CITY/TOWN: WOBURN STATE: MA | ZIP CODE: 01801 |
| MANAGER: PIERCE, JAMES TYPE OF LICENSE: Clui | tb CATEGORY: All Alcohol |
| EMAIL ADDRESS: | |
| PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EM | MAIL ADDRESS |
| DESCRIPTION OF LICENSED PREMISES: APPROX. 3200 SQ FT. ONE ONE-STORY BUILDING AT 1 | 163 MEDDIMAC STREET ALSO KOWN |
| AS 161 MERRIMAC STREET | 103 MERRIMAC STREET ALSO KOWN |
| I hereby certify and swear under penalties of perjury that: | |
| 1. the renewed license will be of the same type for the | same premises now licensed; |
| 2. the licensee has complied with all laws of the Comm | nonwealth relating to taxes; and |
| 3. the premises are now open for business (If not expla | ain below) |
| - | |
| SIGNED BY: | Officer |
| Individual, Partner or Authorized Corpo | orate Officer |
| | |
| DATE: TELEPHONE NUMBER. | EMPLOYED IDENTIFICATION NUMBER |
| TELEPHONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) |
| | <u> </u> |
| We the undersigned, attest that we are in possession (1) the | |
| Acts of 2004, signed by the building inspector and the head license and (2) the certificate of liquor liability insurance re | |
| needs and (2) the continuate of inquot massing insurance is | |
| Please Check Below: | LOCAL LICENSING AUTHORITY |
| Please Check Below: APPROVED: | LOCAL LICENSING AUTHORITY By: |
| Please Check Below: APPROVED: DISAPPROVED: | |
| Please Check Below: APPROVED: | |
| Please Check Below: APPROVED: DISAPPROVED: | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUM | IBER: 149800026 | | CITY OR TOWN | WOBURN |
|----------------------|---------------------------|--------------------------|-----------------------|--|
| APPLICATION | FOR RENEWAL: | Annual | LICEN | ISED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | ME: WOBURN POST | Γ #543 V.F.W. BUIL | DING CORP. | |
| DOING BUSIN | ESS A | | | |
| ADDRESS 18 V | WALNUT ST. | | | |
| CITY/TOWN: | WOBURN | STATE: MA | ZIP CODE: | 01801 |
| | SCHENCK, T' LEONARD R. | YPE OF LICENSE: V | eterans club C | ATEGORY: All Alcohol |
| EMAIL ADDRI | ESS: | | | |
| | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| | OF LICENSED PREM | | | |
| FOUR ROOMS BLOCKS | ON STREET FLOOR, | TWO TOILETS, BU | JILDING CONSTRU | CTED OF CEMENT |
| I hereby certify | and swear under penalti | es of perjury that: | | |
| 1. the re | enewed license will be o | of the same type for the | ne same premises now | licensed; |
| 2. the li | icensee has complied wi | th all laws of the Cor | nmonwealth relating t | to taxes; and |
| 3. the p | oremises are now open for | or business (If not ex | plain below) | |
| | | | | |
| SIGNED BY: | Individual Dorto | er or Authorized Cor | norata Officar | |
| | marviduai, Farui | er of Authorized Cor | porate Officer | |
| | | | | |
| DATE: | | | EMDLOVE | R IDENTIFICATION NUMBER: |
| DITIE. | TELEPHO | NE NUMBER: | | dividual Social Security Number) |
| | | | | |
| | 0 , | _ | _ | red by Chapter 304 of the ment for the above named |
| | | | | er 116 of the Acts of 2010. |
| Please Check Below | <u>v:</u> | | LOCAL LICENS | SING AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVE | <u> </u> | | · | |
| (If disapproved | explain) | | | |
| | | | | |
| DATE: | | | | |
| APPLICATION FOR I | RENEWAL MUST BE FILED BY | LICENSEES DURING THE | MONTH OF NOVEMBER (A | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800027 | CITY OR TOWN WOBURN | |
|---|--|-----|
| APPLICATION FOR RENEWAL: Annua | al LICENSED FOR 2013 | |
| CLAS | SS YEAR | |
| LICENSEE NAME: WOBURN MA. LODGE #908 O | F B.P.O.E. U.S.A.INC. | |
| DOING BUSINESS A | | |
| ADDRESS 295 WASHINGTON ST. | | |
| CITY/TOWN: WOBURN STATE: | MA ZIP CODE: 01801 | |
| MANAGER: MULRENAN, JOHNTYPE OF LICENS | SE:Club CATEGORY: All Alcoh | ıol |
| EMAIL ADDRESS: | | |
| PLEASE ALSO VISIT OUR WEBSITE AND ENTER | YOUR EMAIL ADDRESS | |
| DESCRIPTION OF LICENSED PREMISES: | | |
| TWO FLOORS, FIRST FLOOR, SEVEN ROOMS AND OF MAIN HALL, LOUNGE, TWO OFFICES, RESTRO | | |
| I hereby certify and swear under penalties of perjury that | t: | |
| 1. the renewed license will be of the same type | for the same premises now licensed; | |
| 2. the licensee has complied with all laws of the | e Commonwealth relating to taxes; and | |
| 3. the premises are now open for business (If no | ot explain below) | |
| | | |
| SIGNED BY: | | |
| Individual, Partner or Authorized | l Corporate Officer | |
| | | |
| DATE | | |
| DATE: TELEPHONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER | |
| | (Note: NOT Individual Social Security Number | er) |
| We the undersigned, attest that we are in possession | | |
| Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insur- | | |
| Please Check Below: | LOCAL LICENSING AUTHORITY | |
| APPROVED: | By: | |
| DISAPPROVED: | | |
| (If disapproved explain) | | |
| | | |
| | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUM | BER: 149800028 | | CITY OR TOWN | WOBURN | |
|---|--|--|-----------------------------------|------------|------------------------------|
| APPLICATION | FOR RENEWAL: | Annual | LICENSED FOR 2013 | | |
| | | CLASS | | | YEAR |
| LICENSEE NAM DOING BUSINE ADDRESS 2 EL | ESS A | BURN PKG STORE INC | | | |
| CITY/TOWN: | WOBURN | STATE: MA | ZIP CODE: | 01801 | |
| | MCSHEFFREY, DAVID | TYPE OF LICENSE:P | ackage Store Ca | ATEGORY: | All Alcohol |
| EMAIL ADDRE | | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION | OF LICENSED PR | REMISES: | | | |
| FIRST FLOOR I | FOR SALES AND | STORAGE. SECOND F | LOOR FOR STORAC | GE AND OFF | FICE. |
| 2. the lic | censee has complied remises are now ope | be of the same type for the d with all laws of the Content for business (If not expand artner or Authorized Corp | nmonwealth relating to | | |
| | marviduai, P | armer of Aumorized Corp | oorate Officer | | |
| DATE: | TELEF | PHONE NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | TION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: [DISAPPROVED (If disapproved e | D: | | LOCAL LICENS By: | ING AUTHO | ORITY |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800029 | | CITY OR TOWN | WOBURN | | |
|---|--|---------------------------------------|----------|-----------------------------|--|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 | | | |
| | CLASS | | | YEAR | |
| LICENSEE NAME: DOHERTY BROS M | IKT,INC | | | | |
| DOING BUSINESS A BUSA WINE & SP | IRITS | | | | |
| ADDRESS 159 MAIN STREET | | | | | |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: | 01801 | | |
| MANAGER: BUSA, WILLIAM A.TYPE | OF LICENSE:Pac | kage Store CA | TEGORY: | All Alcohol | |
| EMAIL ADDRESS: | | | | | |
| DESCRIPTION OF LICENSED PREMISE ONE FLOOR, TWO ROOMSRETAIL A I hereby certify and swear under penalties of 1. the renewed license will be of the 2. the licensee has complied with al 3. the premises are now open for bu | AND RECEIVING of perjury that: e same type for the ll laws of the Comm | same premises now li | icensed; | | |
| SIGNED BY: Individual, Partner of | r Authorized Corpo | rate Officer | | | |
| DATE: TELEPHONE | NUMBER: | EMPLOYER I (Note: <u>NOT</u> Indiv | | ION NUMBER: ecurity Number) | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSII By: | NG AUTHO | DRITY | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 149800030 | | CITY OR TOWN WOBUL | XIV |
|--|-------------------------|--|---|----------------|
| APPLICATION FOR | RENEWAL: | Annual | LICENSED FOR | 2013 |
| | | CLASS | | YEAR |
| DOING BUSINESS ADDRESS 300 MISE CITY/TOWN: WOE | A HUWAM ROAD BURN | STATE: MA | ZIP CODE: 01801 | Y: All Alcohol |
| I | PLEASE ALSO VISIT OU | R WEBSITE AND ENTER YOUR F | EMAIL ADDRESS | |
| DESCRIPTION OF I | | | MATT | |
| I hereby certify and sv | | PADSITE- WOBURN | MALL | |
| | es are now open | rith all laws of the Comfor business (If not exp | | nd |
| | marviduai, Part | ner of Authorized Corp | orate Officer | |
| DATE: | TELEPHO | ONE NUMBER: | EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | in) | | LOCAL LICENSING AUT By: | THORITY |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 149800031 | | CITY OR TOWN | WOBURN | |
|-----------------------------------|------------------|--------------------------------|-----------------------|------------------|-----------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | YEAR |
| LICENSEE NAME | : GILES MAI | RKET, INC, | | | |
| DOING BUSINESS | S A WOBURN | PACKAGE STORE | | | |
| ADDRESS 350 CA | MBRIDGE RC | OAD | | | |
| CITY/TOWN: WC | DBURN | STATE: MA | ZIP CODE: | 01801 | |
| MANAGER: GAI | LVIN, SEAN | TYPE OF LICENSE: Pac | ckage Store CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS | : | | | | |
| | PLEASE ALSO VISI | Γ OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | |
| DESCRIPTION OF | LICENSED P | REMISES: | | | |
| APPROX. 5,300 SQ ROAD, WOBURN, | _ | E IN WOBURN PLAZA S | HOPPING CENTE | R, CAMBRII | OGE |
| I hereby certify and | swear under pe | nalties of perjury that: | | | |
| 1. the renev | wed license will | be of the same type for the | same premises now | licensed; | |
| 2. the licens | see has complie | ed with all laws of the Com | nonwealth relating to | taxes; and | |
| 3. the prem | ises are now op | en for business (If not expl | ain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, l | Partner or Authorized Corpo | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELE | PHONE NUMBER: | | | ION NUMBER: |
| | | | (Note: NOT Ind | ividual Social S | ecurity Number) |
| | | | | | |
| Please Check Below: | | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expl | iain) | | | | |
| | | | | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUM | MBER: 149800032 | | CITY OR TOWN | WOBURN | |
|-------------------|-----------------------------|----------------------------|-----------------------|--------------------|-----------------|
| APPLICATION | N FOR RENEWAL: | Annual | LICENSED FOR 2013 | | |
| | | CLASS | | | YEAR |
| DOING BUSIN | | RN PKG STORE,INC | | | |
| CITY/TOWN: | WOBURN | STATE: MA | ZIP CODE: | 01801 | |
| | CONNOLLY, RAYMOND F. JR. | TYPE OF LICENSE:P | ackage Store C. | ATEGORY: | All Alcohol |
| EMAIL ADDR | ESS: | | | | |
| | PLEASE ALSO VISIT (| OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION | N OF LICENSED PR | EMISES: | | | |
| ONE ROOM E | ACH FOR STORAG | E AND SALES | | | |
| I hereby certify | and swear under pena | alties of perjury that: | | | |
| 1. the 1 | renewed license will b | e of the same type for the | ne same premises now | licensed; | |
| 2. the l | licensee has complied | with all laws of the Cor | nmonwealth relating t | o taxes; and | |
| | = | n for business (If not exp | = | , | |
| | 1 | ` | , | | |
| | | | | | |
| SIGNED BY: | Individual Da | rtner or Authorized Cor | poreta Officer | | |
| | maividuai, Pa | ruler of Authorized Cor | porate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEP: | HONE NUMBER: | EMPLOYER | R IDENTIFICAT | ION NUMBER: |
| | | | (Note: NOT Inc | lividual Social Se | ecurity Number) |
| | | | | | |
| | | | | | |
| Please Check Belo | ow: | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVE | ED: | | | | |
| (If disapproved | explain) | | - | | |
| | | | - | | |
| | | | - | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 1 | 49800033 | | CITY OR T | OWN | WOBURN | |
|---|---------------------------------------|--------------------|-------------------|-------------------|------------|---------------------------------|
| APPLICATION FOR R | RENEWAL: | Annual | | LICENSED FOR 2013 | | |
| | | CLASS | } | | | YEAR |
| LICENSEE NAME: ODOING BUSINESS A ADDRESS 3 RUSSEL | | STORE,INC | | | | |
| CITY/TOWN: WOBU | JRN | STATE: | MA ZIP CO | DE: | 01801 | |
| MANAGER: RYAN, | DAVID S. TYP | E OF LICENSI | E:Package Store | CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| PLE | ASE ALSO VISIT OUR WE | BSITE AND ENTER YO | OUR EMAIL ADDRESS | | | T. |
| DESCRIPTION OF LIC | CENSED PREMIS | SES: | | | | |
| FOUR ROOMS, FIRST SALES | FLOOR, CELLA | R STORAGE,A | AND ONE ROOM | I ON FI | RST FLOOR | RFOR |
| 3. the premises SIGNED BY: | has complied with are now open for | business (If not | explain below) | lating to | taxes; and | |
| DATE: | TELEPHON | E NUMBER: | | | | TION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) |] | | LOCAL I By: | LICENS | ING AUTHO | ORITY |
| DATE: | | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUM | IBER: 149800034 | | CITY OR TOWN WORK | JKIN |
|--|--|----------------------------|---|-----------------|
| APPLICATION | FOR RENEWAL: | Annual | LICENSED FO | R 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | ME: S & L LIQUO | ORS,INC. | | |
| DOING BUSIN | ESS A WELLS | | | |
| ADDRESS 485 | MAIN STREET | | | |
| CITY/TOWN: | WOBURN | STATE: MA | ZIP CODE: 01801 | l |
| MANAGER: | DION, PETER | TYPE OF LICENSE:P | ackage Store CATEGO | RY: All Alcohol |
| EMAIL ADDRE | ESS: | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| | OF LICENSED P | | | |
| CONSISTING O AREA FOR STO | | ORY BLDG. WITH ONE | ROOM FOR SALES AND A | MEZZANINE |
| the re the li | enewed license will censee has complie | | ne same premises now licensed namonwealth relating to taxes; plain below) | |
| SIGNED BY: | Individual, P | artner or Authorized Corp | oorate Officer | |
| | | | | |
| DATE: | TELEI | PHONE NUMBER: | EMPLOYER IDENTII (Note: <u>NOT</u> Individual Sc | |
| Please Check Below APPROVED: [DISAPPROVEI (If disapproved of | D: | | LOCAL LICENSING AU By: | JTHORITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | K: 149800035 | | CITY OR TO | WN WOBURN | |
|---------------------------------------|-------------------|--|------------------|-----------------------|------------------|
| APPLICATION FO | R RENEWAL: | Annual | LIC | CENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | BERTUCCI'S | , INC. | | | |
| DOING BUSINESS | A BERTUCCI | 'S BRICK OVEN RISTO | RANTE | | |
| ADDRESS 17 COM | MERCE WAY | | | | |
| CITY/TOWN: WO | BURN | STATE: MA | ZIP CODE | E: 01801 | |
| MANAGER: Boja | s, Jonathan | TYPE OF LICENSE: Re | staurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF | LICENSED PR | EMISES: | | | |
| 4200 SQ FT FREE S BASEMENT | STANDING BL | DG WITH A FRONT EN | TRANCE, TWO |) REAR EXITS A | AND NO |
| I hereby certify and s | swear under pen | alties of perjury that: | | | |
| 1. the renew | ed license will b | be of the same type for the | e same premises | now licensed; | |
| 2. the licens | ee has complied | with all laws of the Com | monwealth relati | ing to taxes; and | |
| 3. the premi | ses are now ope | n for business (If not expl | ain below) | | |
| | | | | | |
| SIGNED BY: | | | 0.00 | | |
| | Individual, Pa | artner or Authorized Corp | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEP | HONE NUMBER: | | OYER IDENTIFICAT | |
| | | | (Note: NO | I Individual Social S | security Number) |
| | | e are in possession (1) th | | | |
| , 0 | • | ng inspector and the hea quor liability insurance i | - | | |
| ncense and (2) the | certificate of no | quor nabinty insurance i | required by Cha | ipter 110 of the | Acts 01 2010. |
| Please Check Below: | | | LOCAL LIC | ENSING AUTHO | ORITY |
| APPROVED: DISAPPROVED: | | | By: | | |
| (If disapproved explain | ain) | | | | |
| · · · · · · · · · · · · · · · · · · · | ··· <i>,</i> | | | | |
| | | | | | |
| DATE: | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 149800041 | | CITY OR TOWN | WOBURN | |
|-------------------------|------------------------|--|----------------------|-------------------|-------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | ISED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | COLUMBIA PR | OPERTIES WOBUR | N | | |
| DOING BUSINESS | A Hilton Boston/ | Woburn | | | |
| ADDRESS 2 FORB | ES ROAD | | | | |
| CITY/TOWN: WO | BURN | STATE: MA | ZIP CODE: | 01801 | |
| | LIAMS, T TIEL SCOTT | YPE OF LICENSE: In | nholder C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | _ |
| DESCRIPTION OF | LICENSED PREM | MISES: | | | |
| | R, FUNCTION RO | L, LOBBY BAR 1ST DOM, POOL & STOR DX. 500. | | | |
| I hereby certify and | swear under penalti | es of perjury that: | | | |
| 1. the renew | ed license will be | of the same type for th | e same premises now | licensed; | |
| 2. the licens | ee has complied w | ith all laws of the Com | monwealth relating | to taxes; and | |
| 3. the premi | ses are now open f | or business (If not exp | lain below) | | |
| | | | | | |
| SIGNED BY: | Individual Danta | on on Authorized Com | anata Offican | | |
| | maividuai, Parin | er or Authorized Corp | orate Officer | | |
| | | | | | |
| DATE: | mer envi | | EMPLOYE | R IDENTIFICAT | TON NUMBER. |
| DATE. | TELEPHO | ONE NUMBER: | | dividual Social S | |
| | | | | | |
| Acts of 2004, signe | d by the building | re in possession (1) the inspector and the heater or liability insurance | d of the fire depart | ment for the | above named |
| Please Check Below: | | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved explain | ain) | | | | |
| | | | - | | |
| DATE: | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 149800042 | | CITY OR TOWN | WODUKIN | |
|---|---------------------------|----------------------|-----------------------|----------------|-------------|
| APPLICATION FOR I | RENEWAL: | Annual | LICEN | SED FOR 20 | 13 |
| | | CLASS | | • | YEAR |
| LICENSEE NAME: | MAKI MAKI JAPAN | ESE RESTAURA | NT INC. | | |
| DOING BUSINESS A | MAKI MAKI JAPA | NESE RESTAUR | ANT | | |
| ADDRESS 40 CUMM | INGS PARK | | | | |
| CITY/TOWN: WOB | JRN | STATE: MA | ZIP CODE: | 01801 | |
| MANAGER: JIANG | , JIAN FENG TYPE | OF LICENSE: Res | staurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PL | EASE ALSO VISIT OUR WEBSI | TE AND ENTER YOUR E | MAIL ADDRESS | | |
| DESCRIPTION OF LI | CENSED PREMISES | S: | | | |
| 3816 SQ FT, FIRST FI | LOOR AND 815 SQ I | FT SEATING FO | R 175 | | |
| I hereby certify and sw | ear under penalties of | perjury that: | | | |
| 1. the renewed | l license will be of the | same type for the | same premises now | licensed; | |
| 2. the licensee | has complied with all | laws of the Comr | nonwealth relating to | taxes; and | |
| 3. the premises | s are now open for bus | siness (If not expla | nin below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Partner or | Authorized Corpo | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEDIJONE N | HIMDED. | EMPLOYER | R IDENTIFICATI | ON NUMBER: |
| | TELEPHONE 1 | NUMBER: | (Note: NOT Ind | | |
| | | | | | • |
| We the undersigned, | | | | | |
| Acts of 2004, signed blicense and (2) the cer | | | | | |
| | influence of inquot ina | onity insurance i | | | |
| Please Check Below: | | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: DISAPPROVED: | 7 | | By: | | |
| (If disapproved explain |)] | | | | |
| (ii disappioved explain | 7 | | | | |
| | | | | | |
| DATE: | | | - | | |
| | | | | | |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800043 | (| CITY OR TOWN | WOBURN | |
|---|----------------------------|----------------------|-------------------|-----------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | CLASS | | | YEAR |
| LICENSEE NAME: SICHUAN GARI | DEN II, INC | | | |
| DOING BUSINESS A | | | | |
| ADDRESS 2 ALFRED STREET | | | | |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: | 01801 | |
| MANAGER: DUAN, XIAOYI TY | PE OF LICENSE: Rest | aurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT OUR V | WEBSITE AND ENTER YOUR EMA | AIL ADDRESS | | - |
| DESCRIPTION OF LICENSED PREM | ISES: | | | |
| 7,760 SQ. FT., CONTAINING BASEM LOUNGE ON FIRST FLOOR, FRONT | | | INING WIT | H |
| I hereby certify and swear under penaltic | s of perjury that: | | | |
| 1. the renewed license will be o | f the same type for the s | ame premises now | licensed; | |
| 2. the licensee has complied wit | h all laws of the Commo | onwealth relating to | taxes; and | |
| 3. the premises are now open fo | r business (If not explai | n below) | | |
| | | | | |
| SIGNED BY: | | | | |
| Individual, Partne | er or Authorized Corpor | ate Officer | | |
| | | | | |
| | | | | |
| DATE: TELEPHO | NE NUMBER: | | | ION NUMBER: |
| | | (Note: NOT Ind | ividual Social Se | ecurity Number) |
| We the undersigned, attest that we ar | e in possession (1) the | certificate require | ed by Chapte | er 304 of the |
| Acts of 2004, signed by the building in | nspector and the head | of the fire departr | nent for the | above named |
| license and (2) the certificate of liquo | f liability insurance re | quired by Chapter | r 116 of the A | Acts of 2010. |
| Please Check Below: | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: | | By: | | |
| DISAPPROVED: (If disapproved explain) | | | | |
| (II disapproved explain) | | | | |
| | | | | |
| DATE: | | | | |
| | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 149800044 | | CITY OR TOW | VIN WODURIN | |
|--------------------------------|-------------------|------------------------------|--------------------|---------------------|------------------|
| APPLICATION FO | R RENEWAL: | Annual | LIC | ENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME | : EVERGLOR | Y, INC. | | | |
| DOING BUSINESS | S A THE GREA | AT MANDARIN RESTAU | RANT | | |
| ADDRESS 186 CA | MBRIGE ROA | D | | | |
| CITY/TOWN: WO | OBURN | STATE: MA | ZIP CODE: | : 01801 | |
| MANAGER: LEE | E, TIEN-EH | TYPE OF LICENSE: Res | staurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS | : | | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF | LICENSED PR | REMISES: | | | |
| APPROX 3300 SQ ENTRANCE AND | - | ND FLOOR CONTAININ | G 112 SEATS, K | ITCHEN FACI | LITIES, |
| I hereby certify and | swear under per | nalties of perjury that: | | | |
| 1. the renev | wed license will | be of the same type for the | same premises n | ow licensed; | |
| 2. the licen | see has complied | d with all laws of the Comr | nonwealth relatir | ng to taxes; and | |
| 3. the prem | ises are now ope | en for business (If not expl | ain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, P | artner or Authorized Corpo | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEF | PHONE NUMBER: | EMPLO | YER IDENTIFICAT | ΓΙΟΝ NUMBER: |
| | | | (Note: NOT | Individual Social S | Security Number) |
| We the undersion | ed. attest that w | ve are in possession (1) th | e certificate reg | uired by Chant | er 304 of the |
| Acts of 2004, signe | ed by the buildi | ng inspector and the head | d of the fire depa | artment for the | above named |
| license and (2) the | certificate of li | quor liability insurance r | required by Cha | pter 116 of the | Acts of 2010. |
| Please Check Below: | | | LOCAL LICE | ENSING AUTH | ORITY |
| APPROVED: |] | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expl | laın) | | | | |
| | | | | | |
| DATE. | | | - | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800045 | CITY OR TOWN WOBURN |
|---|---|
| APPLICATION FOR RENEWAL: Annua | al LICENSED FOR 2013 |
| CLAS | SS YEAR |
| LICENSEE NAME: MONARCH CATERING ENTER | RPRISES, INC |
| DOING BUSINESS A | |
| ADDRESS COUNTRY CLUB ROAD | |
| CITY/TOWN: WOBURN STATE: | MA ZIP CODE: 01801 |
| MANAGER: MOULES, JUNE TYPE OF LICENS | SE:Restaurant CATEGORY: All Alcohol |
| EMAIL ADDRESS: | |
| PLEASE ALSO VISIT OUR WEBSITE AND ENTER | YOUR EMAIL ADDRESS |
| DESCRIPTION OF LICENSED PREMISES: | |
| function hall-200 seats, restaurant 100 seats | |
| I hereby certify and swear under penalties of perjury that | |
| 1. the renewed license will be of the same type to | • |
| 2. the licensee has complied with all laws of the | • |
| 3. the premises are now open for business (If no | explain below) |
| | |
| CICNICIA D.V. | |
| SIGNED BY: Individual, Partner or Authorized | Corporate Officer |
| | Corporate Officer |
| | Corporate Officer |
| Individual, Partner or Authorized | Corporate Officer EMPLOYER IDENTIFICATION NUMBER: |
| Individual, Partner or Authorized | |
| Individual, Partner or Authorized DATE: TELEPHONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) |
| DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the eleber head of the fire department for the above named |
| Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the eleber head of the fire department for the above named |
| DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and th license and (2) the certificate of liquor liability insurables Check Below: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the eleber head of the fire department for the above named |
| Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and th license and (2) the certificate of liquor liability insurables Check Below: APPROVED: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the e head of the fire department for the above named ance required by Chapter 116 of the Acts of 2010. |
| DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and th license and (2) the certificate of liquor liability insurance. Please Check Below: APPROVED: DISAPPROVED: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above named ance required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY |
| Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and th license and (2) the certificate of liquor liability insurables Check Below: APPROVED: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above named ance required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY |
| DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and th license and (2) the certificate of liquor liability insurance. Please Check Below: APPROVED: DISAPPROVED: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above named ance required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 149800049 | | CITY OR TOW | N WODURN | |
|---------------------------------------|--|--------------------|------------------|---------------------|------------------|
| APPLICATION FOR I | RENEWAL: | Annual | LIC | ENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | SEA DOGS WOBURN I | LLC | | | |
| DOING BUSINESS A | SEA DOG BREW PUE | 3 | | | |
| ADDRESS 228-30 MI | SHAWUM RD | | | | |
| CITY/TOWN: WOBI | URN S' | TATE: MA | ZIP CODE: | 01801 | |
| MANAGER: BOISS JEFFR | - 1 | FLICENSE: Rest | aurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PL | EASE ALSO VISIT OUR WEBSITE | AND ENTER YOUR EM. | AIL ADDRESS | | _ |
| DESCRIPTION OF LI | CENSED PREMISES: | | | | |
| DINING RMS KIT AN | ND STORAGE STING F | OR 303 PATRO | ONS | | |
| I hereby certify and sw | ear under penalties of pe | rjury that: | | | |
| 1. the renewed | l license will be of the sa | me type for the s | same premises n | ow licensed; | |
| 2. the licensee | has complied with all la | ws of the Comm | onwealth relatir | ng to taxes; and | |
| 3. the premise | s are now open for busin | ess (If not explai | in below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Partner or Au | uthorized Corpor | ate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHONE NU | MBER. | EMPLO | YER IDENTIFICAT | ΓΙΟΝ NUMBER: |
| | TEEET HOLLE IVE | WIBER. | (Note: NOT | Individual Social S | Security Number) |
| | | | | | |
| | attest that we are in po | | | | |
| | by the building inspector rtificate of liquor liabili | | | | |
| | | | | - | |
| Please Check Below: APPROVED: | | | | ENSING AUTH | ORITY |
| DISAPPROVED: | 7 | | By: | | |
| (If disapproved explain | J) | | | | |
| · · · · · · · · · · · · · · · · · · · | , | | | | |
| | | | | | |
| DATE: | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 1498 | 00053 | CITY OR | TOWN | WOBURN | |
|---|--|------------------------|---------|-------------|-------------|
| APPLICATION FOR RENI | | nual ASS | LICENS | ED FOR 20 | 13 YEAR |
| LICENSEE NAME: HOM DOING BUSINESS A WA ADDRESS 1 MACK RD | • | | | | |
| CITY/TOWN: WOBURN | STATE | E: MA ZIP CO | ODE: | 01801 | |
| MANAGER: PATEL, AS | HOK TYPE OF LICE | ENSE:Restaurant | CA | TEGORY: | All Alcohol |
| | LSO VISIT OUR WEBSITE AND EN | TER YOUR EMAIL ADDRESS | | | |
| DESCRIPTION OF LICEN RESTAURANT, LOUNGE | | ON ROOMS, ADJOI | NING HA | ALL | |
| 3. the premises are SIGNED BY: | complied with all laws of now open for business (In | not explain below) | | taxes; and | |
| DATE: | TELEPHONE NUMBE | IX. | | | ION NUMBER: |
| We the undersigned, attes Acts of 2004, signed by th license and (2) the certific | e building inspector and | the head of the fire | departm | ent for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL By: | LICENSI | NG AUTHO | ORITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800055 | | CITY OR TOWN | WOBURN | |
|---|--|-----------------------------------|---|---------------|
| APPLICATION FOR RENEWAL | .: Annual CLASS | LICEN | SED FOR 20 | 13 YEAR |
| LICENSEE NAME: OTB ACQU DOING BUSINESS A ON THE D ADDRESS 19 COMMERCE WA | JISITION LLC BORDER | | | TEAK |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: | 01801 | |
| MANAGER: CIAMPO,DANI EMAIL ADDRESS: PLEASE ALSO VIS DESCRIPTION OF LICENSED F 7487 SQ FT, SEATING CAPACI | | | ATEGORY: | All Alcohol |
| 2. the licensee has compliance of the premises are now of the SIGNED BY: | enalties of perjury that: Il be of the same type for the set with all laws of the Commpen for business (If not explain the component of Authorized Corpore) | onwealth relating to in below) | | |
| DATE: TELE We the undersigned, attest that Acts of 2004, signed by the build | • | (Note: NOT Ind | lividual Social | er 304 of the |
| license and (2) the certificate of | | | | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHO | DRITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 12 | 49800057 | | CITY OR TO | WN WODURN | |
|--|------------------|--|--------------------|---------------------|------------------|
| APPLICATION FOR R | ENEWAL: | Annual | LIC | CENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: M | I & K REST | AURANT, INC. | | | |
| DOING BUSINESS A | NEW CHIN | A PEARL | | | |
| ADDRESS 288 MISHA | WUM ROA | D | | | |
| CITY/TOWN: WOBU | RN | STATE: MA | ZIP CODE | E: 01801 | |
| MANAGER: WONG, | MARK | TYPE OF LICENSE: R | estaurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PLEA | ASE ALSO VISIT (| OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | _ |
| DESCRIPTION OF LIC | ENSED PR | EMISES: | | | |
| FOUR ROOMS WITH 3 2,000 SQFT WITH ENT | | | | R AREA TO OCC | CUPY |
| I hereby certify and swea | ar under pen | alties of perjury that: | | | |
| 1. the renewed l | license will b | be of the same type for the | e same premises | now licensed; | |
| 2. the licensee h | nas complied | with all laws of the Con | nmonwealth relati | ing to taxes; and | |
| 3. the premises | are now ope | n for business (If not exp | olain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| Ir | ndividual, Pa | rtner or Authorized Corp | oorate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEP | HONE NUMBER: | | OYER IDENTIFICAT | |
| | | | (Note: NO | Individual Social S | Security Number) |
| We the undersigned, a | ttest that w | e are in possession (1) t | he certificate red | quired by Chapt | er 304 of the |
| | | ng inspector and the hea quor liability insurance | | | |
| Please Check Below: | virial of in- | quot muomity impurumee | • | • | |
| APPROVED: | | | By: | ENSING AUTH | ORITY |
| DISAPPROVED: | | | Ву. | | |
| (If disapproved explain) | | | - | | |
| | | | | | |
| | | | - | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 149800058 | | CITY OR TO | WN WOBURI | N |
|--|--|---|-------------------|--|---------------|
| APPLICATION FOR | RENEWAL: | Annual | LI | CENSED FOR 2 | 2013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS A ADDRESS 309 MON | A POLCARI'S | OBURN, INC. | | | |
| CITY/TOWN: WOE | BURN | STATE: MA | ZIP COD | E: 01801 | |
| MANAGER: SHAL | PACK, JOHN TYP | E OF LICENSE:R | estaurant | CATEGORY | : All Alcohol |
| EMAIL ADDRESS: | | | | | |
| P | LEASE ALSO VISIT OUR WE | BSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| ON TWO FLOORS V BY PRIOR OCCUPA | VITH SEATING FO | | NT, BASED ON | FLOOR PLANS | S IN USE |
| 2. the license | d license will be of the has complied with estare now open for l | all laws of the Conbusiness (If not exp | nmonwealth relat | | |
| | Individual, Partner | or Authorized Cor | porate Officer | | |
| DATE: | TELEPHONI | E NUMBER: | | OYER IDENTIFICA T Individual Social | |
| We the undersigned Acts of 2004, signed license and (2) the co | by the building ins | pector and the he | ad of the fire de | partment for th | e above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | in) | | LOCAL LIC | CENSING AUTH | HORITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800059 |) | CITY OR TOWN WOBURN | |
|---|------------------------------------|--|-----------|
| APPLICATION FOR RENEWA | L: Annual | LICENSED FOR 2013 | |
| | CLASS | YE | AR |
| LICENSEE NAME: CSM CY V DOING BUSINESS A COURTY | ARD INN BY MARRIOT- | WOBURN | |
| ADDRESS 700 UNICORN PAR | | | |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: 01801 | |
| MANAGER: Martin, STAN | TYPE OF LICENSE: Res | staurant CATEGORY: Al | l Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VI DESCRIPTION OF LICENSED | SIT OUR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | |
| | ALCONY AT LOWER LEVEN FIRST FLOOR. | I LOBBY AREAS, MEETING ROOL EL AND IN SEATING AREA LOUN | |
| 2. the licensee has compl | · - | same premises now licensed; monwealth relating to taxes; and ain below) | |
| SIGNED BY: Individual | Partner or Authorized Corpo | orate Officer | |
| DATE: TEL | EPHONE NUMBER: | EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securi | |
| Acts of 2004, signed by the buil | ding inspector and the head | e certificate required by Chapter 3 d of the fire department for the above required by Chapter 116 of the Acts | ve named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSING AUTHORI' By: | ΓΥ |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 149800060 | | CITY OR TOWN | WOBURN |
|----------------------------------|--|----------------------|---------------------|--|
| APPLICATION FOR | R RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | | CLASS | | YEAR |
| DOING BUSINESS | PYRAMID METRON A RESIDENCE INN H | | LC | |
| ADDRESS 300 PRE | | | | |
| CITY/TOWN: WO | BURN | STATE: MA | ZIP CODE: | 01801 |
| MANAGER: BISS CHA | SONNETTE,MI TYPE AEL | OF LICENSE: Innl | nolder CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| | PLEASE ALSO VISIT OUR WEBS | | IAIL ADDRESS | |
| | LICENSED PREMISE | | A DELL DOOM A DE | A OF APPLICATO |
| | OM LIMITED HOTEL, EETING ROOM, AND | | | |
| I hereby certify and s | swear under penalties of yed license will be of the | perjury that: | | |
| | see has complied with al | | _ | |
| 3. the premi | ses are now open for bu | siness (If not expla | in below) | |
| SIGNED BY: | Latina De de conse | A 11 1 C | 000 | |
| | Individual, Partner or | Authorized Corpo | rate Officer | |
| | | | | |
| DATE: | TELEPHONE : | NI IMRER: | EMPLOYER | R IDENTIFICATION NUMBER: |
| | | i verviberi. | (Note: NOT Ind | lividual Social Security Number) |
| Acts of 2004, signe | d by the building inspe | ctor and the head | of the fire departs | ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010. |
| Please Check Below: | | | LOCAL LICENS | ING AUTHORITY |
| APPROVED: DISAPPROVED: | | | By: | |
| (If disapproved explain | ain) | | | |
| , and the control of the control | ··· <i>,</i> | | | |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 14980 | 0061 | CITY OR TOWN WOBURN | 1 |
|---------------------------------------|---|--|---------------|
| APPLICATION FOR RENE | WAL: Annual | LICENSED FOR 2 | 013 |
| | CLASS | | YEAR |
| LICENSEE NAME: ANTH | ONY CONTARINO | | |
| DOING BUSINESS A TRE | MONTE | | |
| ADDRESS 397 MAIN STRE | EET | | |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: 01801 | |
| MANAGER: CONTARING ANTHONY | O, TYPE OF LICENSE:F | Restaurant CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE AL | SO VISIT OUR WEBSITE AND ENTER YOUR | R EMAIL ADDRESS | |
| DESCRIPTION OF LICENS | | | |
| | | ECTANGULAR IN SHAPE WIT ENTRANCE AND FIVE REAR E | |
| 3. the premises are n SIGNED BY: | omplied with all laws of the Corow open for business (If not excluding the corow open for excluding the corow | • | |
| DATE: | ΓELEPHONE NUMBER: | EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social | |
| Acts of 2004, signed by the | building inspector and the he | the certificate required by Chap ead of the fire department for the e required by Chapter 116 of the | e above named |
| Please Check Below: | | LOCAL LICENSING AUTH | IORITY |
| APPROVED: | | By: | |
| DISAPPROVED: (If disapproved explain) | | | |
| (ii disapproved explain) | | | |
| | | | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 149800062 | | CITY (| OR TOWN | WOBURN | |
|-------------------------------------|---|--------------------|----------------|--|--------------|--------------|
| APPLICATION FO | R RENEWAL: | Annual | | LICEN | SED FOR 20 | 013 |
| | | CLASS | } | | | YEAR |
| LICENSEE NAME: | : APPLE NEW ENG | LAND LLC | | | | |
| DOING BUSINESS | A APPLEBEE'S NE | IGHBORHOOI | O GRILL & F | BAR | | |
| ADDRESS 2 ELM | STREET | | | | | |
| CITY/TOWN: WC | DBURN | STATE: | MA ZIF | CODE: | 01801 | |
| MANAGER: DIG DAN | REGRORIO, TYP NITA | E OF LICENSE | E:Restaurant | C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | : | | | | | |
| | PLEASE ALSO VISIT OUR WE | BSITE AND ENTER YO | OUR EMAIL ADDR | ESS | | |
| | LICENSED PREMIS | | | | | |
| | ESTAURANT FACIL ITCHEN, DINING RO | | | OXIMATEI | Y 5,000 SQ | FT., |
| I hereby certify and | swear under penalties | of perjury that: | | | | |
| | ved license will be of t | * * | - | | | |
| | see has complied with | | | • | o taxes; and | |
| 3. the prem | ises are now open for | business (If not | explain belov | w) | | |
| SIGNED BY: | Individual, Partner | or Authorized (| Corporate Off | icer | | |
| | | | | | | |
| DATE: | TEL EDITOR | | L | EMDI OVEI | DENTIECAT | TON NIIMDED. |
| DITE. | TELEPHON | E NUMBER: | (N | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) | | |
| Acts of 2004, signe | ed, attest that we are ed by the building ins certificate of liquor l | pector and the | head of the | fire departı | ment for the | above named |
| Please Check Below: | | | LOCA | AL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | | |
| DISAPPROVED: [(If disapproved expl | ain) | | | | | |
| (ii disappioved expi |) | | | | | |
| | | | | | | |
| DATE: | | | | | | |
| | | | | | | |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800063 | | CITY OR TOWN WODURN | |
|--|-----------------------------|-----------------------------------|------------------|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2 | 013 |
| | CLASS | | YEAR |
| LICENSEE NAME: TANNER TA | VERN GROUP, LLC | | |
| DOING BUSINESS A TANNER T | 'AVERN | | |
| ADDRESS 474 MAIN ST | | | |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: 01801 | |
| MANAGER: PALMER, ROBERT | TYPE OF LICENSE:R | estaurant CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| DESCRIPTION OF LICENSED PR | EMISES: | | |
| FULL SERVICE RESTAURANT, A LEVEL. SEASONAL OUTDOOR | | | AIN |
| I hereby certify and swear under pen | alties of perjury that: | | |
| 1. the renewed license will | be of the same type for the | e same premises now licensed; | |
| 2. the licensee has complied | l with all laws of the Con | nmonwealth relating to taxes; and | |
| 3. the premises are now ope | en for business (If not exp | plain below) | |
| | | | |
| SIGNED BY: | | 0.07 | |
| Individual, Pa | artner or Authorized Corp | oorate Officer | |
| | | | |
| DATE: | | | |
| TELEP | PHONE NUMBER: | EMPLOYER IDENTIFICA | |
| | | (Note: NOT Individual Social S | Security Number) |
| We the undersigned, attest that w | | | |
| Acts of 2004, signed by the building license and (2) the certificate of license and (2) the certificate of license and (3) the certificate of license and (4) the certificate of license and (5) the certificate of license and (6) the certificate of license and (7) the certificate of license and (8) the certificate of license and (8 | | | |
| Please Check Below: | 1 | | |
| APPROVED: | | LOCAL LICENSING AUTH By: | ORITY |
| DISAPPROVED: | | By. | |
| (If disapproved explain) | | | |
| | | | |
| | | | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | ER: 149800064 | • | CITY OR TOWN WO | DBURN |
|---|-------------------|---|--------------------------|--|
| APPLICATION FO | OR RENEWAI | .: Annual | LICENSED | FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME | : BICKFORI | DS FAMILY RESTAURANT | S, INC. | |
| DOING BUSINESS | S A BICKFOR | RDS | | |
| ADDRESS 325 MC | ONTBALE AV | 'E | | |
| CITY/TOWN: WO | OBURN | STATE: MA | ZIP CODE: 01 | 801 |
| MANAGER: D'A GO | DDIECO, FFREDO | TYPE OF LICENSE: Rest | aurant CATE | GORY: All Alcohol |
| EMAIL ADDRESS | : | | | |
| | PLEASE ALSO VIS | SIT OUR WEBSITE AND ENTER YOUR EMA | AIL ADDRESS | |
| DESCRIPTION OF | F LICENSED I | PREMISES: | | |
| | WALK IN FR | UILDING CONTAINING 3 I REZER & REFRIGERATOR. | | |
| the rene the licen | wed license wi | nenalties of perjury that: Il be of the same type for business (If not explain the same type for business) | onwealth relating to tax | |
| SIGNED BY: | Individual, | Partner or Authorized Corpor | rate Officer | |
| | | | | |
| DATE: | TEL | EPHONE NUMBER: | | NTIFICATION NUMBER: al Social Security Number) |
| Acts of 2004, sign | ed by the buil | we are in possession (1) the ding inspector and the head liquor liability insurance re | of the fire department | for the above named |
| Please Check Below: | | | LOCAL LICENSING | AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: (If disapproved exp | loin) | | | |
| (11 disappioved exp | ialli) | | | |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800065 | (| CITY OR TOWN | WOBURN |
|---|------------------------------|---------------------|---------------------------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: CHURRASCAI | RIA RODEO BRAZILIA | N STEAKHOUSE | LLC |
| DOING BUSINESS A CHURRASCA | ARIA RODEO BRAZILIA | AN STEAKHOUSI | Ξ |
| ADDRESS 920 MAIN STREET | | | |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: | 01801 |
| MANAGER: DaROCHA, GENUINA | ΓΥΡΕ OF LICENSE: Rest | aurant CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISIT OU | R WEBSITE AND ENTER YOUR EMA | AIL ADDRESS | |
| DESCRIPTION OF LICENSED PREI | MISES: | | |
| THE PREMISE- A DINING ROOM V | WITH TABLES- SEATIN | NG 110 WITH 3 BA | ATHROOMS |
| I hereby certify and swear under penal | ties of perjury that: | | |
| 1. the renewed license will be | | _ | |
| 2. the licensee has complied v | | _ | taxes; and |
| 3. the premises are now open | for business (If not explain | n below) | |
| | | | |
| SIGNED BY: | | 0.65 | |
| Individual, Part | mer or Authorized Corpor | ate Officer | |
| | | | |
| | | | |
| DATE: TELEPH | ONE NUMBER: | | DENTIFICATION NUMBER: |
| | | (Note: NOT Ind | ividual Social Security Number) |
| We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liqu | inspector and the head | of the fire departr | nent for the above named |
| Please Check Below: | | LOCAL LICENS | ING AUTHORITY |
| APPROVED: | | By: | |
| DISAPPROVED: | | | |
| (If disapproved explain) | | | |
| | | | |
| | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUM | IBER: 149800066 | | CITY OR TOWN | WOBURN |
|---|---|--|-----------------------|--|
| APPLICATION | FOR RENEWAL: | Annual | LICENS | SED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAI | ME: HOT SAUCE, IN | C | | |
| DOING BUSIN | ESS A IXTAPA MEXI | CAN RESTAURANT | AND CANTINA | |
| ADDRESS 347- | -49 MAIN ST | | | |
| CITY/TOWN: | WOBURN | STATE: MA | ZIP CODE: | 01801 |
| | BRAMBILA,JOSE TY DE JESUS | PE OF LICENSE: Res | taurant CA | ATEGORY: All Alcohol |
| EMAIL ADDRE | ESS: | | | |
| | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | |
| DESCRIPTION | OF LICENSED PREM | ISES: | | |
| FRONT ENTRA | AIN LEVEL; KITCHEN ANCES, ONE SIDE EX ON AND STORAGE, 2 | IT AND TWO BACK | | |
| the re the lie | and swear under penaltic enewed license will be o censee has complied wit remises are now open for | f the same type for the h all laws of the Comm | nonwealth relating to | |
| SIGNED BY: | Individual, Partne | er or Authorized Corpo | rate Officer | |
| | | | | |
| DATE: | TEI EDUO | NE NUMBER: | EMPLOYER | IDENTIFICATION NUMBER: |
| | TELETIO | NE NOMBER. | (Note: NOT Indi | ividual Social Security Number) |
| Acts of 2004, si | igned by the building in | nspector and the head | of the fire departn | ed by Chapter 304 of the ment for the above named 116 of the Acts of 2010. |
| Please Check Below | <u>v:</u> | | LOCAL LICENS | ING AUTHORITY |
| APPROVED: [| | | By: | |
| DISAPPROVEI (If disapproved of | | | | |
| (ii disapproved 6 | expiain) | | | |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 149800067 | CITY OR TOWN WOBURN | | | |
|--|--|---|--------------------------------|----------------|-------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICEN | SED FOR 20 | 13 |
| | | CLASS | | • | YEAR |
| | SUNRISE CAFÉ LLC A THE RESTAURAN N STREET | | | | |
| CITY/TOWN: WO | | STATE: MA | ZIP CODE: | 01801 | |
| | MAKOS, TYPE | OF LICENSE: Rest | | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEBSI | | AIL ADDRESS | | |
| RESTAURANT ON | LICENSED PREMISES STREET LEVEL WITI GOF BAR SEATING FO | H FRONT ENTRA | | REAR EMER | GENCY |
| the renew the license | wear under penalties of ed license will be of the ee has complied with all ses are now open for bus | same type for the s laws of the Comm | onwealth relating to | | |
| SIGNED BY: | Individual, Partner or | Authorized Corpor | rate Officer | | |
| DATE: | TELEPHONE N | NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | R IDENTIFICATI | |
| Acts of 2004, signed | l, attest that we are in I by the building inspe certificate of liquor liab | ctor and the head | of the fire departi | ment for the a | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla | in) | | LOCAL LICENS By: | SING AUTHO | ORITY |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUN | MBER: 149800068 | | CITY OR TOWN | WOBURN | |
|-------------------|-------------------------|--------------------------------------|---------------------------------|----------------------------------|--|
| APPLICATION | N FOR RENEWAL: | Annual | LICENSED FOR 2013 | | |
| | | CLASS | | YEAR | |
| LICENSEE NA | ME: PETER J. DO | NOVAN | | | |
| DOING BUSIN | NESS A CORPORAT | E WINES | | | |
| ADDRESS 345 | WASHINGTON STI | REET # 16-A | | | |
| CITY/TOWN: | WOBURN | STATE: MA | ZIP CODE: | 01801 | |
| | DONOVAN, PETER J. | TYPE OF LICENSE:P | ackage Store Ca | ATEGORY: All Alcohol | |
| EMAIL ADDR | ESS: | | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION | N OF LICENSED PRE | EMISES: | | | |
| FT WIDE AND | | T BUILDINGTHE SI HAS TWO ENTRANCI | | | |
| I hereby certify | and swear under pena | alties of perjury that: | | | |
| 1. the r | renewed license will be | e of the same type for th | e same premises now | licensed; | |
| 2. the l | icensee has complied | with all laws of the Con | nmonwealth relating to | o taxes; and | |
| 3. the p | premises are now oper | n for business (If not exp | olain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Par | rtner or Authorized Cor | oorate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPH | HONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: | | |
| | | | (Note: NOT Inc | lividual Social Security Number) | |
| | | | | | |
| Please Check Belo | w: | | LOCALLICENS | SING AUTHORITY | |
| APPROVED: | | | By: | | |
| DISAPPROVE | | | • | | |
| (If disapproved | explain) | | | | |
| | | | - | | |
| DATE: | | | | | |
| DATE. | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 1 | 49800069 | | CITY OR TOWN WOBURN | | | |
|---|---|---|-----------------------------|--|--------------------|--|
| APPLICATION FOR R | ENEWAL: | Annual | | LICENSED FOR 2013 | | |
| | | CLASS | | | YEAR | |
| LICENSEE NAME: N | Iasa Restaurant G | roup, Inc | | | | |
| DOING BUSINESS A | Masa Southwester | n Bar & Grill | | | | |
| ADDRESS 350 | | | | | | |
| CITY/TOWN: WOBU | RN | STATE: MA | ZIP CC | DDE: 01801 | | |
| MANAGER: Aviles, I | Philip G TYP | E OF LICENSE: | Restaurant | CATEGORY | : All Alcohol | |
| EMAIL ADDRESS: | | | | | | |
| PLE | ASE ALSO VISIT OUR WE | EBSITE AND ENTER YOU | R EMAIL ADDRESS | | | |
| DESCRIPTION OF LIC 4500 SQ.FT. STORE FI SHOPPING CENTER, V ALCHOLIC BEVERAC CONSUMED ONLY O | RONT RESTAUR WHICH CONSIST GES WILL BE SO | ANT AND OUTS IS OF 110 SEATS OLD AND DELIVE | S INSIDE ANS ERED AT ORI | 10 SEATS ON TE DERING COUNTE | IE PATIO. | |
| INVENTORY ROOM. | | | | | | |
| I hereby certify and swe | - | | | | | |
| | license will be of t | • • | • | ses now licensed; elating to taxes; and | | |
| | are now open for | | | erating to taxes, and | | |
| | | | prairie e e re | | | |
| SIGNED BY: | | | | | | |
| | ndividual, Partner | or Authorized Con | porate Officer | | | |
| | | | | | | |
| DATE: | | | | ADI OVED IDENTIFICA | THOM N. I. A. CDED | |
| DATE. | TELEPHON | E NUMBER: | | IPLOYER IDENTIFICA NOT Individual Social | | |
| | | | | | • | |
| We the undersigned, a Acts of 2004, signed by license and (2) the cert | y the building ins | pector and the ho | ead of the fire | department for th | e above named | |
| Please Check Below: | | | LOCAL I | LICENSING AUTH | HORITY | |
| APPROVED: | | | By: | | | |
| DISAPPROVED: | | | | | | |
| (If disapproved explain) | | | | | | |
| | | | | | | |
| DATE: | | | | | | |
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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 149800071 | | CITY OR TOWN | WOBURN | |
|--|--------------------------|------------------------|----------------------|---------------|--------------|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | ISED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | BEACON GRILLE | INC. | | | |
| DOING BUSINESS A | A THE BEACON G | RILLE | | | |
| ADDRESS 100 Sylva | n Rd | | | | |
| CITY/TOWN: WOB | URN | STATE: MA | ZIP CODE: | 01801 | |
| MANAGER: SEAN SULL | | E OF LICENSE:Re | staurant C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| P | LEASE ALSO VISIT OUR WEI | BSITE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF L | | | | | |
| A FULL SERVICE R OUTDOOR DINING ROAD KNOWN AS | AREAS; ANDASSO | OCIATED ADMIN | | | |
| I hereby certify and sv | vear under penalties | of perjury that: | | | |
| 1. the renewe | d license will be of the | he same type for the | same premises now | v licensed; | |
| | e has complied with | | · · | to taxes; and | |
| 3. the premise | es are now open for b | ousiness (If not expl | ain below) | | |
| SIGNED BY: | Individual, Partner | or Authorized Corn | orate Officer | | |
| | marvidual, i artilei v | or Authorized Corp. | rate Officer | | |
| | | | | | |
| DATE: | TELEPHONE | E NUMBER: | | | TION NUMBER: |
| We the undersigned Acts of 2004, signed license and (2) the co | by the building insp | pector and the hea | l of the fire depart | ment for the | above named |
| Please Check Below: | | | LOCAL LICEN | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: (If disapproved explain | n) | | | | |
| (11 disappioved explai | ··· <i>)</i> | | | | |
| | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 149800072 | | CITY OR TOWN WOBURN | 1 | |
|--|-------------------------------|---|---------------|--|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 | | |
| | CLASS | | YEAR | |
| LICENSEE NAME: ANR RESTA | URANTS LLC | | | |
| DOING BUSINESS A THE BRICE | KYARD | | | |
| ADDRESS 371 MAIN STREET | | | | |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: 01801 | | |
| MANAGER: CENTARINO, ANTHONY | TYPE OF LICENSE: Res | taurant CATEGORY: | All Alcohol | |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS | | |
| DESCRIPTION OF LICENSED PR | REMISES: | | | |
| TWO FLOOR FULL SERVICE RE APPROX 5500 SF AND 188 SEAT | | | CABLES, | |
| 3. the premises are now open SIGNED BY: | | <u>, </u> | | |
| DATE: TELEF | PHONE NUMBER: | EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social | | |
| We the undersigned, attest that w Acts of 2004, signed by the buildi license and (2) the certificate of li | ng inspector and the head | of the fire department for the | e above named | |
| Please Check Below: | | LOCAL LICENSING AUTH | ORITY | |
| APPROVED: | | By: | | |
| DISAPPROVED: (If disapproved explain) | | | | |
| (ii disappioved explain) | | | | |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 14980007. | 3 | CITY OR TOWN WODURN | | | |
|-----------------------------------|------------------------------------|--|--|--|--|
| APPLICATION FOR RENEWA | L: Annual | LICENSED FOR 2013 | | | |
| | CLASS | YEAR | | | |
| LICENSEE NAME: TUDO NA | A BRASA INC. | | | | |
| DOING BUSINESS A TASTE | OF BRAZIL | | | | |
| ADDRESS 414 MAIN STREET | | | | | |
| CITY/TOWN: WOBURN | STATE: MA | ZIP CODE: 01801 | | | |
| MANAGER: MORAES, HUG | O G.TYPE OF LICENSE: Res | staurant CATEGORY: All Alcohol | | | |
| EMAIL ADDRESS: | | | | | |
| PLEASE ALSO V | ISIT OUR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | | | |
| DESCRIPTION OF LICENSED | PREMISES: | | | | |
| RESTAURANT WITH 100 SEA | AT CAPACITY | | | | |
| I hereby certify and swear under | penalties of perjury that: | | | | |
| 1. the renewed license w | vill be of the same type for the | same premises now licensed; | | | |
| 2. the licensee has comp | lied with all laws of the Comr | nonwealth relating to taxes; and | | | |
| 3. the premises are now | open for business (If not expla | ain below) | | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | l, Partner or Authorized Corpo | orate Officer | | | |
| | | | | | |
| | | | | | |
| DATE: | EDITONE MATCHED | EMPLOYER IDENTIFICATION NUMBER: | | | |
| TEL | LEPHONE NUMBER: | (Note: NOT Individual Social Security Number) | | | |
| | | (Costs) 2.02 marvidua Bookii Becurity (Valideer) | | | |
| We the undersigned, attest tha | at we are in possession (1) the | e certificate required by Chapter 304 of the | | | |
| | | d of the fire department for the above named | | | |
| license and (2) the certificate o | i liquor liability insurance r | equired by Chapter 116 of the Acts of 2010. | | | |
| Please Check Below: | | LOCAL LICENSING AUTHORITY | | | |
| APPROVED: | | Ву: | | | |
| DISAPPROVED: | | | | | |
| (If disapproved explain) | | | | | |
| | | | | | |
| | | | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 149800074 | | CITY OR TOV | VN WOBURN | | |
|--|--|---|----------------------------|------------------|-------------|--|
| APPLICATION FOR | RENEWAL: | Annual | Annual LICENSED FOR | | | |
| | | CLASS | | | YEAR | |
| LICENSEE NAME: | TAIPEI TOI | KYO CAFÉ INC. | | | | |
| DOING BUSINESS A | A TAIPEI TO | OKYO CAFÉ | | | | |
| ADDRESS 318 MAI | N STREET | | | | | |
| CITY/TOWN: WOI | BURN | STATE: MA | ZIP CODE | : 01801 | | |
| MANAGER: LIN, | JAN HUEI | TYPE OF LICENSE: Res | taurant | CATEGORY: | All Alcohol | |
| EMAIL ADDRESS: | | | | | | |
| DESCRIPTION OF I | | T OUR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS | | | |
| STORAGERESTA SEATS AT A SUSHI WAITING AREA, K STORAGE OF ALCO | URANT COM BARTWO ITCHEN, SEN DHOL AND I | TFIRST FLOOR AND B NTAINS TWO DINING AR DEXIT DOORS AND ONE RVICE AREA AND RESTF DRY GOODS enalties of perjury that: | REAS WITH 10 ENTRANCE A | AS WELL AS A | | |
| • | • | 1 0 0 | somo promisos | now licensed: | | |
| | | be of the same type for the ed with all laws of the Comm | • | | | |
| | • | pen for business (If not expla | | ng to taxes, and | | |
| | | | | | | |
| SIGNED BY: | Individual, I | Partner or Authorized Corpo | rate Officer | | | |
| | | | | | | |
| DATE: | TELE | PHONE NUMBER: | | OYER IDENTIFICAT | | |
| Acts of 2004, signed | by the build | we are in possession (1) the ing inspector and the head iquor liability insurance re | of the fire dep | artment for the | above named | |
| Please Check Below: | | | LOCAL LICI | ENSING AUTH | ORITY | |
| APPROVED: | | | By: | | | |
| DISAPPROVED: | in) | | | | | |
| (ii disappioved expia | 111) | | | | | |
| | | | | | | |
| DATE: | | | | | | |
| | | | | | | |